

Border violence is a public health issue

September 22 2015, by David Ruth

Can collective violence along the U.S.-Mexico border—covering the Mexican states of Chihuahua, Coahuila, Nuevo León and Tamaulipas as well as Texas—be considered an "epidemic"? It can, and the issue of violence should be methodologically examined through a public health approach, according to a new paper from Rice University's Baker Institute for Public Policy.

"Violence as an Epidemic: Examining Organized Crime-related Homicides in the U.S.-Mexico Border From a Public Health Perspective" was co-authored by Fernando Chinchilla, a Puentes Visiting Scholar this summer at the Baker Institute's Mexico Center and associate professor in the Universidad de Monterrey's Department of Social Sciences, and Tony Payan, the institute's Françoise and Edward Djerejian Fellow for Mexico Studies and director of the Mexico Center.

The paper proposes and applies a [public health](#) approach to organized crime-related homicides from 2005 to 2013. The authors said these homicides are an extreme and coordinated form of economic violence with deep social meaning. The researchers' approach encompasses describing, monitoring and tracking violence and its patterns and trends by collecting various data; identifying risk factors that trigger violence; designing and evaluating prevention policies; and disseminating and executing prevention policies.

"Organized crime violence has not attained acceptance as a public health issue partly because most experts view it as a criminal justice issue," Payan said. "Also, it does not always fit traditional public health

approaches. Yet epidemiology is helpful in crafting new solutions to this old problem. This analysis of the Texas-Mexico border shows that certain factors identified in the field of epidemiology are useful tools to 'diagnose' the problem of violence. Under a public health lens, the border—particularly the Mexican side—is experiencing a violence epidemic. This is not a metaphor. The effects are just as pernicious as those of any other epidemic."

According to the authors' research, a burst of murders in northern Mexico began in 2008 in the state of Chihuahua. That year, the state recorded a rate of 76 murders per 100,000 people, a 395 percent rise compared with 2007 (15.4 per 100,000). Two years later, this outbreak reached Tamaulipas and Nuevo León. In the former, the murder rate saw an increase of 202 percent, going from 9.6 per 100,000 in 2009 to 29 per 100,000 in 2010. In Nuevo León the outbreak was more severe. Until 2009, slight increases alternated with marginal decreases. But in 2010, the rate grew by 167 percent (19.7 per 100 000) and by 128 percent in 2011 (44.9 per 100,000). There was a decrease of 16 percent in 2012 and a 50 percent drop in murders in 2013. Coahuila experienced a constant increase, around 60 percent per year, between 2008 and 2012. In 2013 this state also registered a decrease.

Texas contrasts with this picture, since its murder rate has dropped from 5.6 murders per 100,000 people in 2008, which was higher than the U.S. national rate of 5.4, to 4 per 100,000 in 2013, less than the U.S. national rate of 4.4. The authors said the reasons that explain this drop in Texas murders go beyond the scope of this study, not only because criminal groups do not seem to be related to this decrease in general crime rates, which in fact follows the same pattern registered in industrialized countries, but also because there is little agreement on the explanations around it.

"By redefining collective [violence](#) as a health issue, researchers and

policymakers will be able to promote integrative leadership, identify best practices from learn-as-we-go approaches and create policy evaluations for each agency meant to intervene on this issue," the authors concluded.

More information: [bakerinstitute.org/media/files ...
licHealth-090315.pdf](https://bakerinstitute.org/media/files/2015-09-03/BakerInstituteHealth-090315.pdf)

Provided by Rice University

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